For HHD Use Only
Place HHD Barcode Label Here

HOUSTON HEALTH DEPARTMENT

Bureau of Laboratory Services
2250 Holcombe Blvd.,
Houston, Texas 77030

Molecular Diagnostics
Phone: (832) 393-3959
Fax: (832) 393-3982
http://www.houstontx.gov/health/Lab/

Zika Virus Specimen RT-PCR Submission Form

Samples submitted for Zika Virus testing will also be assayed for Dengue and Chikungunya

SUBMITTER INFORMATION (*Required*)*		**PATIENT INFORMATION** (*Required*)*		
Submitting Entity*		Last Name*		
Submitting Entity Address (Street/City/State/Zip)*		First Name*		MI
		Medical Record # *		
Physician Name/Result Contact*	Physician Phone # for Results*	DOB (mm/dd/yyyy)*	Race*	Sex*
Secure Fax Number for Test Result Notification (24/7)*		*Patient Address (Street/City/State/Zip)**		
		*County**	*Patient Phone #**	

SPECIMEN INFORMATION*

Samples collected > 7 days of symptom onset or on asymptomatic patients will be rejected; samples should be sent directly to Texas DSHS

Date of Collection*	Time of Collection*	Time of Centrifugation*	Specimen Source*	Storage Condition Prior to Shipment*
				☐ Frozen (-20°C) ☐ Refrigerated(4°C)

EPIDEMIOLOGY*

Flavivirus Vaccination History	YES	NO	UKN	DATE
Yellow Fever				
Japanese Encephalitis				
Tick-borne Encephalitis				

Is patient pregnant? ☐ **NO**
☐ **YES, # weeks gestation(@ illness onset):____**
Date of Last Menstrual Period: _____

Symptoms (check all that apply)*

☐ **Rash** ☐ **Vomiting** ☐ **Myalgia**
☐ **Joint Pain** ☐ **Conjunctivitis** ☐ **Diarrhea**
☐ **Headache** ☐ **Fever, Temp:_____** ☐ **Other _____**

Date of Symptom Onset: _____

TRAVEL HISTORY*

Did the patient travel to an area with Zika transmission† within 14 days prior to symptom onset? ☐ Unknown ☐ No ☐ Yes
If yes, list all countries/cities/dates of travel _____

Does the patient's sexual partner have a history of illness consistent with Zika virus disease and a history of travel to an area with Zika transmission^?
☐ Unknown ☐ No ☐ Yes

If yes, date of symptom onset: _____ AND list all countries/cities/dates of travel _____

† See cdc.gov/zika/deo/index.html for current list